

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-58165 / FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	5					
TOTAL DEP.	49					
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
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TOTAL DEP.						
TOTAL CLAIMS						